

FOR RELEASE:

ADVANCE FOR MONDAY MORNING NEWSPAPERS NOT TO BE USED BY PRESS, RADIO, OR TV BEFORE 6:30 P.M., EST, SUNDAY, OCTOBER 27, 1968

The Civil Service Commission has issued uniform minimum criteria to be used by all agencies which conduct full-field investigations of employees and applicants for appointment to critical-sensitive positions in the competitive civil service.

There has been a substantial degree of uniformity in the past, but this is the first time Government-wide standards have been issued.

The standards include the minimum scope and coverage of full-field investigations, criteria for the selection, training, and supervision of investigators, and strong safeguards against unwarranted invasion of privacy, including restrictions on the use of the polygraph.

In approving the recommendations of an interagency committee representing the major agencies which conduct full-field investigations, CSC Chairman John W. Macy, Jr., noted the extensive interest that has been given the subject by Members of Congress and the judiciary, civil rights and Federal employee organizations, and other groups and individuals. He expressed keen satisfaction that the new procedures will apply to all agencies which conduct full-field investigations for the competitive service.

Regarding the sanctions against unwarranted invasion of privacy, he said: "While the new policy applies to the investigation of persons for the competitive service, I would hope the same standards will be adopted by agencies which conduct investigations of persons for the excepted service."

Key elements of the new standards and procedures are as follows:

# 1. Scope and coverage of full-field investigations.

Basically, full-field investigations are designed to develop sufficient information to enable agency officials to determine the employability or fitness of persons entering critical-sensitive positions. Fitness includes both security and suitability considerations. Whenever practicable, the investigation should be conducted before employment, and investigative reports should be used as a personnel selection device.

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Character, habits, morals, associations, and reputation will be investigated generally. Loyalty should be stressed particularly, and if a question is raised concerning the subject's loyalty, the case should be referred to the Federal Bureau of Investigation.

The affirmative qualities and qualifications of the subject should be developed fully. Over and above the minimum standards, the full-field investigation may be tailored to obtain information in depth concerning special attributes and qualifications required for proper performance in the particular kind of position being filled.

Full-field investigation of competitive service employees and applicants for critical-sensitive positions will be personally conducted investigations which cover the life of the individual, with emphasis on the person's background and activities during the most recent 15 years or since his 18th birthday, whichever is the shorter period. Particularly intensive investigation coverage will be obtained for the last 5-year period, and in addition, a thorough personal investigation will be made of any materially derogatory matters developed which may require investigation before the 5-year period.

Basic elements of the investigation will include appropriate name checks; personal interviews; checks of police records, credit records whenever practicable and justified, and other pertinent records as appropriate; verification of vital statistics and military service; verification of education claimed; and neighborhood investigation for the past 3 years.

## Selection, training, and supervision of investigators.

Selection of investigators should be based upon sound indications of above-average mental capacity and verbal ability. Candidates should have demonstrated ability to meet and deal with people of all social and economic levels. They should themselves be the subjects of full-field investigations before appointment. They should demonstrate potential for growth.

Training and supervision of personnel investigators should meet three minimum requirements: initial training to provide a thorough grounding in the fundamentals of personnel investigations and agency missions; periodic refresher training to update skills and assure continuing competence; and supervision that is sufficiently close -- with review that is sufficiently frequent and thorough -- to assure good quality of investigating and reporting on a timely basis at a reasonable cost.

## Avoiding unwarranted invasion of privacy.

Inquiries concerning an applicant will be limited to matters relevant to a determination of fitness for the position, including a determination as to whether his employment is clearly consistent with the national secu-Approved For Release 2001/09/03: CIA-RDP83B00823R000100150007-4

#### Investigators are not authorized to:

- --Inquire about race, religion, national origin, union membership, fraternal affiliations, political affiliations, or the constitutionality or wisdom of legislative policies except when such information constitutes a bona fide qualification or fitness requirement for specific employment, is required to establish identity, or directly relates to security fitness or subversive activities.
- -- Investigate any case or person other than those officially assigned within their lawful duties.
- --Interview witnesses without first showing credentials giving proper identification and informing the witness why the investigation is being conducted.
- --Furnish information or ask questions in such manner as to indicate the investigator is in possession of derogatory information concerning the subject of investigation.
- --Make covert or surreptitious investigations, or use such devices or techniques as mail covers, inspection of trash, or paid informants, except as any of the foregoing may specifically and individually first be authorized by the head of the agency or his designee.
  - -- Use telephone or wire taps or covert listening or recording devices.
- --Use the polygraph or other so-called lie detectors except as indicated below.
- --Interview applicants or appointees to the competitive service concerning their sexual behavior or attitudes concerning sexual conduct in the absence of allegations or information indicating sexual misbehavior.
  - -- Express opinions about the person under investigation.
- --Investigate any case in which the investigator knows of circumstances which might adversely affect his fairness, impartiality, or objectivity, without first making this fact known to his superiors.
  - --Divulge any investigative information outside official channels.
  - -- Make unauthorized intrusions on private property.

The new rules limit the use of the polygraph in the competitive service to agencies and parts of agencies which have intelligence or counter-intelligence missions directly affecting the national security and approaching in sensitivity the plass 200 Provide Central Plane 0823 2000 100450 907-4

4.

Even when the use of polygraph examinations is authorized for competitive service positions by the Chairman of the Civil Service Commission, the methods to be utilized in administering the examinations would be circumscribed, and polygraph procedures would be monitored to prevent abuses.

Written consent must be obtained from the person to be examined, and he must be apprised of his right to counsel.

Refusal to take the examination may not be recorded in the employee's personnel file.

Questions asked the employee or applicant must have specific relevance to the subject of the inquiry.

Charts and files resulting from administering the examinations must be properly safeguarded.

Each year, the head of an agency which has been granted authority to use the polygraph on competitive service employees and applicants must re-certify the facts on which permission was based. Polygraph operators must be fully qualified in their specialty.

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LETTER

FPM LETTER NO. 736-

SUBJECT:

Full Field Investigations on Competitive Service Employees and Applicants for Critical-Sensitive Positions

HEADS OF DEPARTMENTS AND INDEPENDENT ESTABLISHMENTS:

This letter announces minimum standards relating to full field investigations for appointment to critical-sensitive positions in the competitive service. Included are standards on scope and coverage of full field investigations; the selection, training and supervision of investigators; and safeguards to avoid unwarranted invasion of privacy. These standards are the result of a careful study by an interagency committee representing the major agencies which conduct full field investigations. They are issued in accordance with the delegation of authority to the Commission contained in Section 8(b) of Executive Order 10450 dated April 27, 1953. They are binding on all agencies which make competitive appointments, with particular application to those agencies which conduct full field investigations by agreement with the Commission.

# Scope and Coverage of Full Field Investigations for Critical-Sensitive Positions

Full field investigations on competitive service employees and applicants for critical-sensitive positions shall be personally conducted investigations which cover the life of the individual with emphasis on the person's background and activities during the most recent fifteen years, or since his eighteenth birthday, whichever is the shorter period. Particularly intensive investigative coverage is obtained for the last five-year period. In addition, a thorough personal investigation shall be made of any materially derogatory matters developed, requiring investigation before the five-year period.

The basic elements of investigation are:

A National Agency Check as follows:

FBI name check

FBI fingerprint check

CSC Security File check

CSC Security Investigations Index check

Defense Central Index of Investigations check (covering military service or defense employment)

House Committee on Un-American Activities check as appropriate Approved For Release 2004/derburative Roles & Covering foreign travel)

State Department Passport files (covering foreign travel)

- personal interviews with present and former employers; supervisors; fellow workers; references, when available; neighbors; school authorities; and other knowledgeable associates.
- checks of police, credit (when practical and justified), and other pertinent records as appropriate, such as FBI field offices, vital statistics (to resolve discrepancies), military service, and the like.

Personal interviews as appropriate, for the proximate five-year period, should be scheduled with employers, supervisors, and work associates to verify and obtain pertinent details for all employments in that investigative period. Particular care shall be taken also to verify the fact of unemployment or self-employment claimed by the subject of investigation during the proximate five-year period.

Significant education at a college level should be verified by a check of the school records. Secondary education should be investigated when the subject is young and has had no subsequent schooling. Personal interviews should be conducted with available witnesses such as school authorities, professors and former students who were associated with the subject during recent schooling.

Neighborhood investigation should normally be conducted on civilian employees and applicants to cover residence during the most recent three years. Testimony of neighbors before that period may be sought to verify periods of unemployment or self-employment, or to resolve questionable matters which have been raised from other sources.

The number of witnesses interviewed cannot be reduced to a formula but in each case should depend upon the diversity of the subject's experience and places of residence, as well as upon the depth of knowledge shown by witnesses concerning the subject's character, habits, and background. The objective of the investigation should be to obtain a comprehensive and well-rounded picture of the individual's background and activities.

### Matters Covered in Full Field Investigations

Basically, full field investigations are designed to develop sufficient information to enable agency officials to determine the employability or fitness of persons entering critical-sensitive positions. Fitness includes both security and suitability fitness. Investigations, whenever practicable, should be conducted on a pre-employment basis and reports used as a personnel selection device.

Character, habits, morals, associations, and reputation shall be investigated generally. Loyalty should be particularly stressed and if a question is raised concerning the subject's loyalty the case shall be referred to the Federal Bureau of Investigation in accordance with Section 8(d) of Executive Order 10450.

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The affirmative qualities and qualifications of the subject should be fully developed.

Over and above the minimum standards, the full field investigation may be tailored to obtain information in depth concerning special attributes and qualifications required for proper performance in the particular kind of position involved.

## GUIDES FOR SELECTION, TRAINING AND SUPERVISION OF FEDERAL PERSONNEL INVESTIGATORS

The following guides for the selection, training and supervision of Federal personnel investigators conducting full field investigations for the competitive service have been adopted by the Commission:

- 1. \*Selection should be based upon
  - Any of the following as indication of above-average mental capacity and verbal ability:
    - (a) a college degree and written test;
    - (b) a college degree and oral examination;
    - (c) education and experience equivalent to four years of college and written test; or
    - (d) college level written test.
    - Demonstrated ability to meet and deal with people of all social and economic levels, evidenced by an appropriate employment interview or through affirmative findings in a personal investigation.
    - Pre-appointment completion of a comprehensive full field investigation with favorable results concerning loyalty and suitability, showing also that the applicant possesses high moral standards, and the requisite personal attributes, including integrity, tact, initiative, adaptability, resourcefulness, soundness of judgment, and ability to meet and deal with people.
    - Potential for growth as an investigator and consideration of capacity for future development along other technical or managerial lines as dictated by agency needs.
  - Training and supervision of personnel investigators should meet these minimum requirements:
    - Initial training to provide a thorough grounding in the fundamentals of personnel investigations and agency missions.

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\* Does not modify or amend the standards for investigators

- o Provision for periodic refresher training to update skills and assure continuing investigative competence.
- Supervision that is sufficiently close, and review that is sufficiently frequent and thorough, to assure good quality of investigating and reporting on a timely basis at reasonable cost.

### Manuals and Instructional Material Subject to Review by the Commission

To insure uniformity of investigative methods and procedures the Commission shall, as appropriate, review manuals and instructions to investigators which relate to conducting full field or background investigations on competitive service applicants and employees with respect to those departments and agencies which have negotiated agreements with the Commission under the provisions of Section 8(b) of Executive Order 10450.

# Avoiding Unwarranted Invasion of Privacy

In conducting full field (background) investigations for acceptability for employment in critical-sensitive competitive service positions under E.O. 10450, inquiries concerning an applicant will be limited to matters relevant to a determination of fitness for the position, including a determination as to whether his employment is clearly consistent with the national security. Investigators are not authorized to:

- (1) Inquire about race, religion, national origin, union membership, fraternal affiliations, political affiliations, or the constitutionality or wisdom of legislative policies except when such information constitutes a bona fide qualification or fitness requirement for specific employment, is required to establish identity, or directly relates to security fitness or subversive activities.
- (2) Investigate any case or person other than those officially assigned within their lawful duties.
- Interview witnesses without first showing credentials giving proper identification and informing the witness why the investigation is being conducted.
- (4) Furnish information or ask questions in such manner as to indicate the investigator is in possession of derogatory information concerning the subject of investigation.
- (5) Make covert or surreptitious investigations, or use such devices or techniques as mail covers, inspection of trash, Approved For Release 2001/09/03: CIA-RDP83B00823R000100150007-4

or paid informants, except as any of the foregoing may specifically and individually first be authorized by the head of the agency or his designee.

- (6) Use telephone or wire taps or covert listening or recording devices.
- Use the polygraph or other so-called lie detectors except as authorized in Attachment 1.
- (8) Interview applicants or appointees to the competitive service concerning their sexual behavior or attitudes concerning sexual conduct in the absence of allegations or information indicating sexual misbehavior.
- (9) Express opinions about the person under investigation.
- (10) Investigate any case in which the investigator knows of circumstances which might adversely affect his fairness, impartiality, or objectivity, without first making this fact known to his superiors.
- (11) Divulge any investigative information outside official channels.
- (12) Make unauthorized intrusions on private property.

Nicholas J. Oganovic Executive Director

Attachment 1 Rules concerning use of the polygraph for competitive service positions

Attachment to FIM Letter No.

Use of the Polygraph in Personnel Investigations of Competitive Service Applicants and Appointees to Competitive Service Positions

An executive department or agency which has a highly sensitive intelligence or counter-intelligence mission directly affecting the national security (e.g. a mission approaching the sensitivity of that of the Central Intelligence Agency) may use the polygraph for employment screening and personnel investigations of applicants for and appointees to competitive service positions only after complying with the following procedures:

The executive agency must submit to the Chairman of the Civil Service Commission a statement setting forth the nature of its The Chairman shall then determine whether the agency has an intelligence or counter-intelligence mission directly affecting the national security. If he so finds, the following shall apply:

The agency shall prepare regulations and directives governing use of the polygraph in employment screening and personnel investigations which must be reviewed by the Chairman of the Civil Service Commission. These shall contain as a minimum:

- Specific purposes for which the polygraph may be used, and details concerning the types of positions or organizational entities in which it will be used, and the officials authorized to approve such examinations.
- b. A directive that a person to be examined must be informed as far in advance as possible of the intent to use the polygraph and of --
  - (i) Other devices or aids to the interrogation which may be used simultaneously with the polygraph, such as voice recordings, etc.
  - (ii) His privilege against self-incrimination and his right to consult with legal counsel or to secure other professional assistance prior to the examination.
  - (iii) The effect of the polygraph examination or his refusal to take such examination on his eligibility for employment. He shall be informed that refusal to consent to a polygraph examination will not be made a part of his personnel file.

- The characteristics and nature of the polygraph (iv) machine and examination, including an explanation of the physical operation of the machine, the procedures to be followed during the examination, and the disposition of information developed.
  - The general areas of all questions to be asked during an examination.
- A directive that no polygraph examination will be given unless the person to be examined has voluntarily consented in writing to be examined after having been informed of the above, (i) through (v).
- A directive that questions to be asked during a polygraph examination must have specific relevance to the subject of the particular inquiry.
- Adequate standards for the selection and training of examiners, keeping in mind the Government's objective of insuring protection for the subject of an examination and the accuracy of polygraph results.
- A provision for adequate monitoring of polygraph operations by a high-level official to prevent abuses or unwarranted invasions of privacy.
- g. A provision for adequate safeguarding of files, charts, and other relevant data developed through polygraph examinations to avoid unwarranted invasions of privacy.

Approval to use the polygraph will be granted only for one-year periods. A department or Agency given approval to use the polygraph for competitive service positions will be required to recertify annually that the conditions which led to the original certification still obtain in the agency.

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# PERSONAL HISTORY STATEMENT

#### INSTRUCTIONS

#### -DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS-

- 1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
- 2. Type or pgint carefully-USE BLACK TYPEWRITER RIBBON OR BLACK INK.
- 3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
- 4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
- 5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will help to speed the processing of your application.

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Approved For Release 2001/09/03 : CIA-RDP83E00823E000100150007-4 GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN 1RAVEL SECTION VI List below any foreign regions or countries in which you have traveled or gained knowledge as a result of residence, study or work assignment. Indicate type of knowledge such as terrain, harbors, industries, utilities, railroads, political parties, etc. Knowledge acquired by - Check (X) **Dates of Travel** Dates & Place Type of Specialized Name of Region Resi-GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL of Study or Country Knowledge or Residence Assign-Travel Study dence ment 2. Indicate the purpose of visit, residence or travel in each of the regions or countries listed above 3. United States Passport Number & Expiration Date, if issued TYPING AND STENOGRAPHIC SKILLS **SECTION VII** 3. Indicate shorthand system used—check (X) appropriate item: 1. Typing (WPM) Other -Gregg Speedwriting Stenotype Specify: 4. Indicate other business machines with which you have had operating experience or training (comptometer, mimeograph, card punch, etc.) SPECIAL QUALIFICATIONS SECTION VIII 1. List all hobbies and sports in which you are active or have actively participated. Indicate your proficiency in each 2. Indicate any special qualifications resulting from experience or training which might fit you for a particular position or type of work. SPECIAL QUALIFICATIONS 3. Excluding business equipment or machines which you may have listed in item 4, section VII, list any special skills you possess relating to other equipment and machines such as operation of radio transmitters (indicate CW speed, sending & receiving), offset press, turret lathe, EDP and other scientific & professional devices. Yes 4. Are you now or have you ever been a licensed or certified member of any trade or profession such as pilot, electrician, radio operator, teacher, lawyer, CPA, medical technician, psychologist, physician, etc.? No 5. If you have answered "Yes" to item 4 above, indicate kind of license or certification and the issuing State, municipality, etc. 6. First License/Certificate (year of issue) (Provide license registry number, if known) 7. Latest License/Certificate (year of issue) 8. List any significant published materials of which you are the author (do NOT submit copies unless requested). Indicate the title, publication date, and type of writing (nonfiction or scientific articles, general interest subjects, novels, short stories, etc.) 9. Indicate any devices which you have invented and state whether or not they are patented. 10. List public speaking and public relations experience. 11. List any honorary associations or societies of which you are now or were formerly a member. List academic honors you have received.

SECTION IX

1. Are you registered for the Draft under the Uni-	deferred, give reason
versal Military Training & Service Act, as	
amended? No No	
4. Local Selective Service Board Number and Address	
MILITARY SERVICE RECORD	
Complete the following items for current and/or past active duty military service with the Army, Navy, Air Fo	rce, Marine Corps, Coast Guard, Merchant
Complete the following Items for current angler past active usly initially selected and parties with the Marine, National Guard, Air National Guard, or foreign (non-U.S.) military organization. For foreign military and organization in item 1 below.	ery organization, specify both nationality
1. Military organization (Army, Navy, etc.—specify) 2. Branch or Corps 3. Dates of service (extend	ded active duty)
From—	To —
4. Status (Regular, Reserve, etc. – 5. Rank, grade or rate (at separa- 6. Serial, service or file number 7. Type o	f separation from
specify) tion if post service) active	duty (insert number for hich applies — see
8. Brief description of military duties (record the duties and skills which best describe your work or function in the military se	rvice)
)	
1. Military organization (Army, Navy, etc.—specify) 2. Branch or Corps 3. Dates of service (extend	ded active duty)
	To —
From—	10-
4. Sidius (Regular, Reserve, etc S. Rollin, grade of the Carrotte	of separation from
I specify)	duty (insert number for which applies—see
list be	
Types of separation from	7—Undue hardships
1 - Honorable discharge  active duty - record  1 - Honorable discharge  2 - Release to inactive duty  5 - Retirement for combat disability	- Other - specify in
applicable number in 3 — Retirement for age 6 — Retirement for physical disability	item 7 in lieu of number
item(s) 7 above  MILITARY RESERVE, NATIONAL GUARD & R.O.T.C. STATUS	11011001
	a Air National Guard on (2) you are a
Complete the following items if (1) you now have reserve status, (2) you are a member of the National Guard of member of the ROTC.	or Air Mational Guara, or (5, you are a
	oast Guard Navy ROTC
ROTC organization to which Navy Air Force Air Nat'l Guard A	rmy ROTC Air Force ROTC
you belong	piration date of current
	bitation date of corresi
re:	serve obligation
re:	serve obligation
re	
4. Check (X) current reserve category Ready Reserve Standby (active) Standby (inactive)	Retired
re	Retired
4. Check (X) current reserve category Ready Reserve Standby (active) Standby (inactive)	Retired
4. Check (X) current reserve category Ready Reserve Standby (active) Standby (inactive)	Retired
4. Check (X) current reserve category Ready Reserve Standby (active) Standby (inactive)	Retired
4. Check (X) current reserve category Ready Reserve Standby (active) Standby (inactive)	Retired
4. Check (X) current reserve category Ready Reserve Standby (active) Standby (inactive)  5. Brief description of military reserve duties (record the duties and skills which best describe your work or function in the military reserve)	Retired ary service)
4. Check (X) current reserve category Ready Reserve Standby (active) Standby (inactive)  5. Brief description of military reserve duties (record the duties and skills which best describe your work or function in the military reserve)  6. If you are currently assigned to a Reserve, National Guard, or ROTC Training Unit,  7. If you have a military mobilization	Retired
4. Check (X) current reserve category Ready Reserve Standby (active) Standby (inactive)  5. Brief description of military reserve duties (record the duties and skills which best describe your work or function in the military reserve duties (record the duties and skills which best describe your work or function in the military reserve duties (record the duties and skills which best describe your work or function in the military reserve.	Retired ary service)

MILITARY SERVICE CURRENT DRAFT STATUS

#### Approved For Release 2001/09/03 : CIA-RDP83B00823R000100150007-4 SECTION X EMPLOYMENT HISTORY NOTE: LIST LAST POSITION FIRST. Indicate chronological history of employment for past 15-years, starting with current or most recent position. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign government, regardless of dates. In completing item 10, "description of duties", consider your experience carefully and provide meaningful, objective statements. 1. Inclusive dates (From - to - by month & year) 2. Name of employing firm or agency 3. Address (Number, Street, City, State, Country) 4. Indicate specific area or place of employment if other than address noted in item 3 5. Kind of business 6. Name of supervisor ☐ Male Female (1) 7. Title of job 8. Salary or earnings 9. Class; grade if Federal Service 10. Description of duties 11. Reasons for leaving 1. Inclusive dates (From- to- by month & year) 2. Name of employing firm or agency 3. Address (Number, Street, City, State, Country) 4. Indicate specific area or place of employment if other than address noted in item 3 5. Kind of business EMPLOYMENT HISTORY 6. Name of supervisor Male Female 7. Title of job 8. Salary or earnings 9. Class; grade if Federal Service Description of duties 11. Reasons for leaving 1. Inclusive dates (From - to - by month & year) 2. Name of employing firm or agency 3. Address (Number, Street, City, State, Country) 4. Indicate specific area or place of employment if other than address noted in item 3 5. Kind of business 6. Name of supervisor Male (3) 7. Title of job 8. Salary or earnings 9. Class, grade if Federal Service 10. Description of duties 11. Reasons for leaving 1. Inclusive dates (From - to - by month & year) 2. Name of employing firm or agency 3. Address (Number, Street, City, State, Country) 4. Indicate specific area or place of employment if other than address noted in item 3 (4) 5. Kind of business 6. Name of supervisor Male

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7. Title of job

<del>00100150007-4</del>

8. Salary or earnings

Female

9. Class; grade if Federal Service

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	100	EMPLOTMENT HISTORY (Continued)	
	10. Description of duties		
i			
(4)			
	11. Reasons for leaving		
	1. Inclusive dates (From— to— by month & year)	2. Name of employing firm or agence	cy
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of e	employment if other than address noted in ite
	5. Kind of business		
		6. Name of supervisor	Mal
(5)	7. Title of job	8. Salary or earnings	Fem
		\$ per	9. Class; grade if Federal Serv
	10. Description of duties		
ı			
ŀ			
	11. Reasons for leaving		
+	1 telephoto de 10		
-	1. Inclusive dates (From — to — by month & year)	2. Name of employing firm or agency	y
r	3. Address (Number, Street, City, State, Country)		
ı	Country)	4. Indicate specific area or place of en	nployment if other than address noted in item
- [			
Γ	5. Kind of business	6. Name of supervisor	
_		o. Nume of supervisor	∐ Male
(6)	7. Title of job	8. Salary or earnings	9. Class; grade if Federal Servi
-		\$ per	
	10. Description of duties		
Γ	11. Reasons for leaving		
	1. Inclusive dates (From— to— by month & year)	2. Name of employing firm or agency	
-			
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of em	ployment if other than address noted in item
$\vdash$	5. Kind of business		
		6. Name of supervisor	Male
7)	7. Title of job		Female
- 1		8. Salary or earnings	9. Class; grade if Federal Service
<u> </u>		- per	
-	0. Description of duties		
7	O. Description of duties		
	O. Description of duties		
	O. Description of duties  1. Reasons for leaving		
1	1. Reasons for leaving		
lf pri		ndicate the number of years creditable	
lf pri	Reasons for leaving      Solution of the second secon	ndicate the number of years creditable	
lf pri	Reasons for leaving  for service with the Federal Government is noted above, in the federal Government is noted above, in the federal Government.	ndicate the number of years creditable	

2.				parated, divorce ation, divorces or			specify —	-	<del></del>		
					marrieg	e contemple (First)	ited, fill in approp	priate info	(Middle)	flance(e	(Maiden)
4.	State any other	names ever use	d by spouse			2					
	Indicate circu	mstances (inc	luding leng se extra sp	gth of time) un	der which	any name	s noted in item 4	above were	o used. If I	legal cha	inge, give particulars (wher
5.	Date of birth		6. Place o	f birth (City, Sta	te, Country	)					7. Date of marriage
8.	Place of marria	ge (City, State,	Country)						3. 3		9. Living
10.	Citizenship			11. Former citiz	enship(s) [	country(ies)]	- 1000			12. If al	ien, give alien registration num
13.	Date U.S. citizer	ship acquired	14. Where	acquired			15. Date and place	of arrival i	n U.S.	16. Natu	ralization certificate number
17.	Date of death		18. Cause o	of death						<u> </u>	
19.	Current address	(Give last addr	ess, if decea	sed)	-		20. Address of spor	use before m	arriage		
21.	Occupation			22. Present emp	oloyer (Also	give former	employer, or if spou	se deceased	or unemploy	ed, give l	ast two employers)
23.	Employer's or bu	siness address (	Number, Str	eet, City, State, (	Country)						,
			:)	25. Bra	nch of mili	tary service			26. Country	y with whi	ch military service affiliated
27.	Details of other	government serv	rice, U.S. or f	foreign					l		
_		wing informatio	n for all chil			AND OTH	IER DEPENDE	NTS			
		Name		· · · · · ·		Do	rte & Place of Birth		Citizenship	<u> </u>	Address
		· · ·								1	
	.Hv		1 100								
										<del> </del>	
					<del> </del>						
					<del></del>						100
					• • •						
2.	No. of children under	include stepchi r 21 years of c	ldren & adop age, and are	pted children) who NOT self-suppo	o are orting.		3. No. of other d who depend on 21 NOT self-su	you for at le	e.g., spouse, east 50% of th	parents, heir suppo	stepparents, etc.) rt or children over
	3. 4. 5. 8. 10. 13. 21. 21. 21.	Wife, husband or flance(e)  3. Name of spouse  4. State any other  Indicate circu and by what of the spouse  5. Date of birth  8. Place of marrian  10. Citizenship  13. Date U.S. citizen  17. Date of death  19. Current address  21. Occupation  23. Employer's or but the spouse of military (From — to — but the spouse of the	Wife, husband or flance(e)  3. Name of spouse  4. State any other names ever use  Indicate circumstances (inc and by what authority). U  5. Date of birth  8. Place of marriage (City, State,  10. Citizenship  13. Date U.S. citizenship acquired  17. Date of death  19. Current address (Give last address (Give last address (From — to — by month & year (From — to — by month & year (From — to — by month and year (From — to — to — to — to — to — to — to —	Wife, husband or flance(e)  3. Name of spouse  (La 4. State any other names ever used by spouse  Indicate circumstances (including lengand by what authority). Use extra spouse  8. Place of marriage (City, State, Country)  10. Citizenship  13. Date U.S. citizenship acquired  14. Where  17. Date of death  18. Cause of the country of the	Wife, husband or flance(e)  3. Name of spouse (Last)  4. State any other names ever used by spouse  Indicate circumstances (including length of time) un and by what authority). Use extra space provided 6. Place of birth (City, State).  8. Place of marriage (City, State, Country)  10. Citizenship 11. Former citiz 13. Date U.S. citizenship acquired 14. Where acquired 17. Date of death 18. Cause of death 19. Current address (Give last address, if deceased)  21. Occupation 22. Present empty 19. Details of military service (From — to — by month & year)  22. Details of other government service, U.S. or foreign 19. Provide the following information for all children and dependent 19. Name 19. Re	Wife, husband or flance(e)  3. Name of spouse  (Last)  4. State any other names ever used by spouse  Indicate circumstances (including length of time) under which and by what authority). Use extra space provided on pages  5. Date of birth  6. Place of birth (City, State, Country)  10. Citizenship  11. Former citizenship(s) [ 13. Date U.S. citizenship acquired  14. Where acquired  17. Date of death  18. Cause of death  19. Current address (Give last address, if deceased)  21. Occupation  22. Present employer (Also (From — to — by month & year)  24. Dates of military service (From — to — by month & year)  25. Branch of military service, U.S. or foreign	a. Name of spause  (Last)  (Last)  (First)  4. State any other names ever used by spause  Indicate circumstances (including length of time) under which any name and by what authority). Use extra space provided on pages 15 and 16 of the state of birth of the state of birth (City, State, Country)  8. Place of birth of the state of birth (City, State, Country)  10. Citizenship  11. Former citizenship(s) [country(ies)]  13. Date U.S. citizenship acquired  14. Where acquired  17. Date of death  18. Cause of death  19. Current address (Give last address, if deceased)  21. Occupation  22. Present employer (Also give former from the provided of military service (From to by month 4 year)  23. Employer's or business address (Number, Street, City, State, Country)  24. Dates of military service (From to by month 4 year)  25. Branch of military service  27. Details of other government service, U.S. or foreign  28. Provide the following information for all children and dependents:  Name  Relationship  De  29. No. of children (include stepchildren & adopted children) who are	Wife, husband or flance(a)  If you have been married more than once (including annulments) use sept or flance(a)  Name of spouse  ((cut) (First)  4. State any other names ever used by spouse  Indicate circumstances (including length of time) under which any names noted in item 4 and by what authority). Use extra space provided on pages 15 and 16 of this form to rec  5. Oate of birth  6. Place of birth (City, State, Country)  10. Citizenship  11. Former citizenship(s) [country(ies)]  12. Date of death  13. Date U.S. citizenship acquired  14. Where acquired  15. Date and place  17. Date of death  18. Cause of death  19. Current address (Give last address, if deceased)  20. Address of spo  21. Occupation  22. Present employer (Also give former employer, or if spoul  23. Employer's or business address (Number, Street, City, State, Country)  24. Dates of military service  (From — to — by month & year)  27. Details of other government service, U.S. or foreign  TION XII  1. Provide the following information for all children and dependents:  Name  Relationship  Date & Place of Birth  Name  Relationship  Date & Place of Birth  2. No. of children (include stepchildren & adopted children) who are  3. No. of other death	Wife, husband or flance(s)  If you have been merried more than once (including annulments) use separate sheet below for all previous merriage. If marriage contemplated, fill in appropriate info:  3. Name of spouse  ((as) (First)  4. State any other names ever used by spouse  Indicate circumstances (including length of time) under which any names noted in item 4 above were and by what authority). Use extre space provided on pages 15 and 16 of this form to record this info possible of this possible of this form to record this info possible of this possible of this form to record this info possible of this possible of this form to record this info possible of this possible of this form to record this info possible of this possible of this possible of this possible of this form to record this info possible of this	Wite, husband or Sence(s)  If you have been married more than once (including annulments) use separate sheet for former below for all previous marriages. If marriage centemplated, fill in appropriate information for 3. Name of spouse (sent)  (sent)  (sent)  (fint)  (Middle)  4. Stote any other names ever used by spouse Individual properties of the stote any other names ever used by spouse Individual properties of the stote any other names ever used by spouse Individual properties of the stote of this form to restore this information.  Individual in the 4 above were used. If it is not be stoted in item 4 above were used. If it is not be stoted in item 4 above were used. If it is not be stoted in item 4 above were used. If it is not be stoted in item 4 above were used. If it is not be stoted in item 4 above were used. If it is not be stoted in item 4 above were used. If it is not be stoted in item 4 above were used. If it is not be stoted in item 4 above were used. If it is not be stoted in item 4 above were used. If it is not be stoted in item 4 above were used. If it is not be stoted in item 4 above were used. If it is not be stoted in item 4 above were used. If it is not be stoted in item 4 above were used. If it is not be stoted in item 4 above were used. If it is not be stored in item 4 above were used. If it is not be stored in item 4 above were used. If it is not be stored in item 4 above were used. If it is not be stored in item 4 above were used. If it is not be stored in item 4 above were used. If it is not be stored in item 4 above were used. If it is not be stored in item 4 above were used. If it is not be stored in item 4 above were used. If it is not be stored in item 4 above were used. If it is not be stored in item 4 above were used. If it is not it is	Wite, husband or flance(s)  If you have been married more than once (including annulments) use separate sheet for former wife or below for all previous marriages. If marriage contemplated, fill in apprepriate information for flance(s)  3. Name of spouse ((ast) (first) (Middle)  4. Stote any other names ever used by spouse  Indicate streamstances (including length of time) under which any names noted in item 4 above were used. If feed che and by what authority). Use start space provided on pages 15 and 16 of this form to record this information.  5. Date of birth  6. Place of birth ((fir, Stote, Country))  10. Citizenship  11. Fermer citizenship(s) [country(se)]  12. If of the U.S. citizenship acquired  13. Date U.S. citizenship acquired  14. Where acquired  15. Date and place of arrival in U.S.  16. Natural Country (Give last address, if deceased)  20. Address of spouse before marriage  21. Current address (Give last address, if deceased)  22. Present employer (Also give former employer, or if spouse deceased or unemployed, give in the provide of military service (from — to — by mooth 4 year)  22. Dates of military service  23. Employer's or business address (Number, Street, City, State, Country)  24. Dates of military service  25. Bronch of military service  26. Country with white the following information for all children and dependents.  Name  CHILDREN AND OTHER DEPENDENTS  TION XII  CHILDREN AND OTHER DEPENDENTS  TON XII  CHILDREN AND OTHER DEPENDENTS  27. Date of thildren (Include stepchildren & adapted children) who are .  28. Date of children (Include stepchildren & adapted children) who are .  29. Date of children (Include stepchildren & adapted children) who are .  20. No. of children (Include stepchildren & adapted children) who are .

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	ION XIII		information for stepfather and/or guardian on a	separate silicory	
l	1. Full name (Last—First—Middle)				
	2. State other names he has used				
<b>1</b>					nasticulars (where and by
	Indicate circumstances (incl	uding length of time) to	under which any names in item 2 above were use ges 15 and 16 of this form to record this informa	tion.	
-	3. Date of birth	4. Place of birth (City, 5			5. Living
	3. Date of Sillin				8. Citizenship (Country)
	6. Date of death	7. Cause of death			
ŀ	9. Former citizenship(s) [country(ie	ps)]	10. Date U.S. citizenship acquired	11. Where acquired (Cit	, State, Country)
L			13. If alien, give alien registration number	14. Date and place of a	rrival in U.S.
1	12. Naturalization certificate numb	er	13. If dilen, give dilen registration		
1	15. Current address (Give last add	ress, if deceased)			
<b>.</b>			17. Present employer (Give last employer if fat	her deceased or unemploy	ed)
H	16. Occupation				
	18. Employer's business address or	r father's business address	if self-employed		
H	19. Dates of military service (From	ı — fo —)	20. Branch of military service		21. Country with which affiliated
	22. Details of other government se				
E	CTION XIV		(Give same information for stepmother on a separ	ate sheet)	
	1. Full name (Last—First—Middl	le — Maiden)			
	2. State other names she has use	ed			
			acted in item 2 above we	are used. If legal chang	e, give particulars (where and
		and the state of t	) under which any names noted in item 2 above we on pages 15 and 16 of this form to record this inf	ire used. If legal chang ormation.	e, give particulars (where and
		and the state of t	) under which any names noted in item 2 above we on pages 15 and 16 of this form to record this inf	ire used. If legal chang ormation.	e, give particulars (where and  5. Livitg  Yes No
	Indicate circumstances (ir by what authority). Use  3. Date of birth	extra space provided of 4. Place of birth	) under which any names notod in item 2 above we on pages 15 and 16 of this form to record this inf	re used. If legal chang ormation.	5. Living
	Indicate circumstances (ir by what authority). Use	ncluding length of time extra space provided o	) under which any names noted in item 2 above we on pages 15 and 16 of this form to record this inf		5. Living Yes No 8. Litizenship (Country)
	Indicate circumstances (ir by what authority). Use  3. Date of birth	actuding length of time extra space provided of 4. Place of birth  7. Cause of death	under which any names noted in item 2 above we on pages 15 and 16 of this form to record this inf	ore used. If legal changes or mation.	5. Living Yes No 8. Litizenship (Country)
K	Indicate circumstances (in by what authority). Use 3. Date of birth 6. Date of death 9. Former citizenship(s) [country	4. Place of birth  7. Cause of death  y(ies)	n pages 10 and 10		5. Living Yes No 8. Litizenship (Country) City, Rate, Country)
TEX	Indicate circumstances (in by what authority). Use 3. Date of birth 6. Date of death 9. Former citizenship(s) [country]	4. Place of birth 7. Cause of death y(ies)	10. Date U.S. citizenship acquired	11. Where acquired (	5. Living Yes No 8. Litizenship (Country) City, Rate, Country)
MOINER	Indicate circumstances (in by what authority). Use 3. Date of birth 6. Date of death 9. Former citizenship(s) [country	4. Place of birth 7. Cause of death y(ies)	10. Date U.S. citizenship acquired  13. If alien, give alien registration number	11. Where acquired (	5. Living Yes No  8. Litizenship (Country)  City, Rate, Country)  5 arival in U.S.
MOIHER	Indicate circumstances (in by what authority). Use 3. Date of birth 6. Date of death 9. Former citizenship(s) [country]	4. Place of birth 7. Cause of death y(ies)	10. Date U.S. citizenship acquired	11. Where acquired (	5. Living Yes No  8. Litizenship (Country)  City, Rate, Country)  5 arival in U.S.
MOINER	Indicate circumstances (in by what authority). Use  3. Date of birth  6. Date of death  9. Former citizenship(s) [country of the country of t	4. Place of birth 7. Cause of death y(ies)]	10. Date U.S. citizenship acquired  13. If alien, give alien registration number  17. Present employer (Give last employer if	11. Where acquired (	5. Living Yes No  8. Litizenship (Country)  City, Rate, Country)  5 arival in U.S.
MOINER	Indicate circumstances (in by what authority). Use  3. Date of birth  6. Date of death  9. Former citizenship(s) [country]  12. Naturalization certificate nu  15. Current address (Give last and 16. Occupation  18. Employer's business address	4. Place of birth 7. Cause of death y(ies)] sumber	10. Date U.S. citizenship acquired  13. If alien, give alien registration number  17. Present employer (Give last employer if ess if self-employed	11. Where acquired (	5. Living Yes No  8. Litizenship (Country)  City, Sate, Country)  6 grival in U.S.
HIOW	Indicate circumstances (in by what authority). Use  3. Date of birth  6. Date of death  9. Former citizenship(s) [country of the country of t	4. Place of birth 7. Cause of death y(ies)] sumber	10. Date U.S. citizenship acquired  13. If alien, give alien registration number  17. Present employer (Give last employer if	11. Where acquired (	5. Living Yes No  8. Litizenship (Country)  City, Sate, Country)  6 grival in U.S.
MOINER	Indicate circumstances (in by what authority). Use  3. Date of birth  6. Date of death  9. Former citizenship(s) [country]  12. Naturalization certificate nu  15. Current address (Give last and 16. Occupation  18. Employer's business address	4. Place of birth 7. Cause of death y(ies) sor mother's business address and a mother's business address.	10. Date U.S. citizenship acquired  13. If alien, give alien registration number  17. Present employer (Give last employer if ess if self-employed	11. Where acquired (	5. Living Yes No  8. Litizenship (Country)  City, Rate, Country)  5 arival in U.S.
HIOW	Indicate circumstances (in by what authority). Use  3. Date of birth  6. Date of death  9. Former citizenship(s) [country]  12. Naturalization certificate nu  15. Current address (Give last and 16. Occupation  18. Employer's business address  19. Dates of military service (Fr	4. Place of birth 7. Cause of death y(ies) sor mother's business address and a mother's business address.	10. Date U.S. citizenship acquired  13. If alien, give alien registration number  17. Present employer (Give last employer if ess if self-employed	11. Where acquired (	5. Living Yes No  8. Litizenship (Country)  City, Sate, Country)  6 grival in U.S.

.	1. Full name (Last—First—	Middle Maiden)	asters/Gradua	2. Relationship	3. Ci	tizenship (Country)
}						
(1)	4. Date of birth	5. Place of birth	th (City, State, Countr	ry)	6. Liv	ring
ŀ						Yes No
	7. Present employer (Give i	last employer if deceased or u	nemployed)	8. Current address (Give Id	ast address,if deceased)	
T	1. Full name (Last—First—)	Middle — Maiden)		2. Relationship	3. Ci	tizenship (Country)
,	4. Date of birth	5. Place of birt	th (City, State, Countr	au)		
(2)			I (Gity) Grandy Committee	77	6. Liv	ving Yes No
	7. Present employer (Give I	last employer if deceased or us	nemployed)	8. Current address (Give Id		16
	1. Full name (Last - First - F	Middle - Maiden)		2. Relationship	3. τ	tizenship (Country)
(3)	4. Date of birth	5. Place of birtl	h (City, State, Country	ry)	6. Li	vi <sub>m</sub>
ارد.	· ·		` · ·	,	<b>ا</b>	Ye. No
	7. Present employer (Give I	last employer if deceased or ur	nemployed)	8. Current address (Give Id		150
+	1. Full name (Last—First—A	Middle — Maiden)		2. Relationship	3. C	itizenship (Country)
1			- <del> </del>			rizensniş (Country)
4)	4. Date of birth	5. Place of birth	h (City, State, Country	y) (v	6. Liv	ring
-	7 Present employer (Give I	last employer if deceased or un	-141	Tagara (Giral)		Yes No
	7. Fresent employer (	381 employer ir decedsed or o	iempioyea;	8. Current address (Give la	ist address, if deceased)	
T	1. Full name (Last—First—N	Aiddle — Maiden)		2. Relationship	3. Ci	tizenship (Country)
F	4. Date of birth	1 - 51 (11.1				
5)	4. Date or pirm	5. Place of pirm	n (City, State, Country	<i>,</i> )	6. Liv	· •
	7. Present employer (Give Ic	ast employer if deceased or un	nemployed)	8. Current address (Give la		Yes No
$\perp$			-			
	1. Full name (Last—First—N	Aiddle — Maiden)		2. Relationship	3. Ci	tizenship (Country)
6)	4. Date of birth	5. Place of birth	(City, State, Country	V	6. Liv	ina
L					-	Yes No
	7. Present employer (Give Ic	ast employer if deceased or un	temployed)	8. Current address (Give las		
늖	DN XVI	EATHED-IN-I AW (If		1 011 1 1 1 5		
	Full name (Last — First — Middle	(e)	narriage comemp	lated, fill in information for	future father-in-law)	
2. S	State other names he has used	d				
	distant descriptions for		•			
	by what definerity). Ose (	extra space provided on p	der which any names ages 15 and 16 a	mes noted in item 2 above w of this form to record this in	ere used. If legal chang aformation.	e, give particulars (where c
	Date of birth	4. Place of birth				5. Living
	Date of death					Yes No
<b>).</b>	late or dearn	7. Cause of death				8. Citizenship (Country)
). Fe	ormer citizenship(s) [country(i	(ies)]	10. Date U.S.	citizenship acquired	11. Where acquired (Ci	itv. State. Country)
ł. N	Naturalization certificate numb	ber	13. If alien, gi	ive alien registration number	14. Date and place of	arrival in U.S.
5. O	Occupation		16. Present err	nployer (Give last employer if fa	other-in-law deceased or un	loved)
				preyer version in the contract of the contract	Mer-new water	impioyed)
	urrent address (Give last add			·		

, SI	CI	TION XVII' ' N	MOTHER-IN-LAW (If I	marriage contem	plated fill in informatio	n for future methor	in Imus		
		1. Full name (Last—First—Middle-	- Maiden)	go comon	plated, iii iii iiiioliiialio	ii for forore morner	-in-iaw)		
	2	2. State other names she has used							
^		Indicate circumstances (incl by what authority). Use ex	uding length of time) und	er which any na	mes noted in item 2 abo of this form to record th	ve were used. If le	gal chang	ge, give particulars (where and	
I-LAV	;	3. Date of birth	4. Place of birth		·		5. Living		
R-IN	3	6. Date of death	7. Cause of death					8. Citizenship (Country)	
MOTHER-IN-LAW	5	9. Former citizenship(s) [country(ie	:s)]	10. Date U.S	6. citizenship acquired	11. Where	cquired (	City, State, Country)	
W	12	2. Naturalization certificate numbe	er	13. If alien,	give alien registration num	ber 14. Date an	d place of	arrival in U.S.	
	15	5. Occupation		16. Present e	employer (Give last employe	er if mother-in-law dec	eased or u	unemployed)	
	17	7. Current address (Give last addre	ess, if deceased)	<u> </u>					
SE	CT	ION XVIII REL	LATIVES BY BLOOD, M	ARRIAGE OR A	ADOPTION WHO EITH	ER (1) LIVE ABR	OAD,		
		T	(2) ARE NOT U.S. CIT	IZENS OR (3)	WORK FOR A FOREI	GN GOVERNMEN	łT .		
		1. Name (Last – First – Middle)			2. Relationship	3. Date of birth	4. Plac	ce of birth (City, State, Country)	
_	(1)	5. Citizenship (Country)	6.	Address or country	in which relative resides				
EIGN		7. Employed by			8. Frequency of contact		9. Date	e of last contact	
FOR IONS		1. Name (Last — First — Middle)			2. Relationship	3. Date of birth	e of birth (City, State, Country)		
WITH NECT	(2)	5. Citizenship (Country)	6.	Address or country	in which relative resides				
RELATIVES WITH FOREIGN CONNECTIONS		7. Employed by			8. Frequency of contact			9. Date of last contact	
RELA		1. Name (Last – First – Middle)			2. Relationship	3. Date of birth	4. Plac	e of birth (City, State, Country)	
	(3)	5. Citizenship (Country)	6. /	Address or country	r country in which relative resides				
		7. Employed by			8. Frequency of contact		9. Date	o of last contact	
SEC	CTI	ON XIX RELATIV	VES BY BLOOD, MARR	IAGE OR ADO	PTION WHO ARE IN E UNITED STATES	THE MILITARY C	R CIVIL		
		1. Name (Last—First—Middle)			2. Relationship	3. Date of birth	4. Plac	e of birth (City, State, Country)	
RVICE VTES	(1)	5. Citizenship (Country)	6. Address (Nur	mber, Street, City,	 State, Country)	7. Type and local	tion of serv	vice (If known)	
HE SE		1. Name (Last – First – Middle)			2. Relationship	3. Date of birth	4. Place	e of birth (City, State, Country)	
KELAIIVES IN THE SERVICE OF THE UNITED STATES	(2)	5. Citizenship (Country)	6. Address (Nun	nber, Street, City, :	State, Country)	7. Type and locat	ion of serv	ice (If known)	
OF T		1. Name (Last – First – Middle)			2. Relationship	3. Date of birth	4. Place	of birth (City, State, Country)	
¥	(3)	5. Citizenship (Country)	6. Address (Nun	nber, Street, City, S	State, Country)	7. Type and locati	ion of serv	ice (If known)	
or O	ffic	e Use Only)				<u> </u>			
		Δnnrov	ved For Release	2001/09/03	· CIA-RDP83R0	0823R00010	01500	07-4	

SEC	TION XX Approved	PLISY	Ŕ	PLACES OF RESIDENCE FOR THE PA	00823R000100150 AST 15 YEARS	007-4	
	Include addresses while at school and location by city, state, and country.	in milit	ary	ervice. If residences in military service cannot be show	n as street addresses, indicate	complete military unit d	esignation and
	Addr	ess las	t re	idence first (number, street, city, state, country)		Inclusive dates (n	onth & vowel
							To-
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	<u> </u>						
SES							
RESIDENCES							<del></del>
als							
R.F.							
-							
SEC	TION XXI			REFERENCES		<u> </u>	
<u> </u>			1. (	ist five character references (not relatives) in the U.S. v	who know you well		
	Name (Last – First – Middle)	S	ex	Business Address	Residence A	ddress	Length of Time Known (in yrs)
			M				
			M				<del> </del>
			F				
			M F				
		_	M				
ς; –		$-\Gamma$	F		·		
U Z			M F				
REFERENCES	<ol><li>List five persons in the U.S. who kno- persons listed (if possible) should be</li></ol>	w you se individu	ocial vals	y (not relatives, supervisors or employers). If you have who knew you overseas.	re resided overseas at any time	during the past 15 yea	ırs, two of the
¥ .	Name (Last – First – Middle)	Se	eх	Business Address	Residence Ad	dress	Length of Time Known (in yrs)
			м				
			F				
			F				
			W				
			F M				
		$\Box$	F				
	• .	H	M F				
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CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS SECTION XXII NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind to which you belong or have belonged (include membership in, or support of, any organization having headquarters or branch in a foreign country). Date of membership Address (Number, Street, City, State, Country) Name and chapter (From) (To) **ORGANIZATIONS** FINANCIAL STATUS SECTION XXIII 1. Are you entirely dependent on your salary? 2. If your answer is "NO" to the above, state sources of other income 3. Credit references (banking institutions, charge accounts, etc.) Address (City, State, Country) Name of institution FINANCIAL STATUS 4. Have you ever been in, or petitioned for, bankruptcy? 5. If your answer is "YES" to the above, give particulars, including court and date(s) 6. Do you receive an annuity from the United States or District of Columbia Government under any retirement act, pension, or compensation for military or naval service? 7. If your answer is "YES" to the above question, give complete details 8. Do you have any financial interest in, or official connections with, non-U.S. corporations or businesses or with U.S. corporations or businesses having substantial foreign Yes No (If answer is "YES", furnish details in space below—Continue on separate sheet, if necessary) interests? PERSONAL DECLARATIONS SECTION XXIV 1. Do you advocate or have you ever advocated, or are you now or have you ever been a member of, or have you ever supported or been associated with any political party, individual or organization which advocates or teaches the overthrown of the government of the United States by force, Yes No violence, or other unconstitutional means, or seeks by force or violence to deny persons their rights under the Constitution of the United States? 2. If you have answered "YES" to the question above, explain.

i	Approved	For Releasing I person							
	Do you use or have you ever used intoxicants?	Yes 4. If so, to what extent?  No							
!	5. Do you use or have you ever used narcotics?	Yes 6. If so, to what extent?							
	7. Have you ever been a member of or t	No apported or had any connections with a for	eign intelligence organization or its activi	ties? If answer is "Yes", give complete details:					
		ppolica, or had any compension with a low	sign managenes organization of no activi	The state of the s					
	∐ Yes								
	∐ No								
	8. List the names of Government departme	ents, agencies or offices to which you have a	pplied for employment since 1955.						
ž									
PERSONAL DECLARATIONS									
AΤ	9. If to your knowledge, any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.								
8									
2									
<u> </u>	Note Special If your answ	or is "Yes" to the following questions 1	0 11 or 12 provide the information	requested for each question on a separate,					
		and attach the sheet to this form in a		requested for each destion on a separate,					
4			•						
Ž		e U.S. or abroad of an offense agains u may omit traffic violations for which you							
0		and disposition of case in accordance with s	•	No					
R									
<u> </u>	<ol> <li>While in the military service, were occurrence on separate sheet in accord</li> </ol>	you ever convicted by special or general	court martial? It so, describe incident	(s) and provide date(s) of Yes No					
			Pake 1						
		(not mentioned above) which may come explain? If so, describe incident(s) and		parate sheet in accordance					
	with special instructions above.	, , , , , , , , , , , , , , , , , , , ,		□ No					
	13. Have you ever been dismissed or asked	to resign from any position? Yes	No						
	Have you left a position under circums	tances which you desire to explain?	es No						
	14. If your answer to either or both question	ons in Item 13 above is "Yes," give details.							
SEC	CTION XXV	PERSONS TO BE NOTIFIED	IN CASE OF EMERGENCY						
SEC	TION XXV  1. Name (Last — First — Middle)	PERSONS TO BE NOTIFIED	IN CASE OF EMERGENCY	2. Relationship					
SEC	1. Name (Last—First—Middle)		IN CASE OF EMERGENCY						
			IN CASE OF EMERGENCY	Relationship     Home telephone number					
	1. Name (Last—First—Middle)		IN CASE OF EMERGENCY						
	Name (Last — First — Middle)      Home address (Number, Street, City, S								
	Name (Last — First — Middle)      Home address (Number, Street, City, S	tate, ZIP Code)		4. Home telephone number					
	Name (Last — First — Middle)      Home address (Number, Street, City, S	tate, ZIP Code)		4. Home telephone number					
	1. Name (Last – First – Middle) 3. Home address (Number, Street, City, S 5. Business address (Number, Street, City)	tate, ZIP Code)	employer, if applicable	4. Home telephone number  6. Business telephone number & extension					
EMERGENCY M	1. Name (Last – First – Middle) 3. Home address (Number, Street, City, S 5. Business address (Number, Street, City)	tate, ZIP Code)  , State, ZIP Code)—indicate name of firm or tives (spouse, mother, father) may also	employer, if applicable	4. Home telephone number  6. Business telephone number & extension					
	1. Name (Last – First – Middle) 3. Home address (Number, Street, City, S 5. Business address (Number, Street, City 7. In case of emergency, other close relationships)	tate, ZIP Code)  , State, ZIP Code)—indicate name of firm or tives (spouse, mother, father) may also	employer, if applicable	4. Home telephone number  6. Business telephone number & extension					
<b>EMERGENCY</b>	1. Name (Last – First – Middle) 3. Home address (Number, Street, City, S 5. Business address (Number, Street, City 7. In case of emergency, other close relationships)	tate, ZIP Code)  , State, ZIP Code)—indicate name of firm or tives (spouse, mother, father) may also	employer, if applicable be notified. If such notification is NOT c	4. Home telephone number  6. Business telephone number & extension					
<b>EMERGENCY</b>	1. Name (Last – First – Middle)  3. Home address (Number, Street, City, S  5. Business address (Number, Street, City  7. In case of emergency, other close relaplease identify the persons not to be r	tate, ZIP Code)  , State, ZIP Code)—indicate name of firm or stives (spouse, mother, father) may also sotified and the reason.  CERTIFIC INFORMED THAT THE ACCURACY	employer, if applicable be notified. If such notification is NOT c  CATION  OF ANY STATEMENT MADE IN	4. Home telephone number & extension  6. Business telephone number & extension esirable because of health or other reasons,					
<b>EMERGENCY</b>	1. Name (Last – First – Middle)  3. Home address (Number, Street, City, S  5. Business address (Number, Street, City  7. In case of emergency, other close relaplease identify the persons not to be r	tate, ZIP Code)  , State, ZIP Code)—indicate name of firm or stives (spouse, mother, father) may also sotified and the reason.  CERTIFIC INFORMED THAT THE ACCURACY	employer, if applicable  be notified. If such notification is NOT c	4. Home telephone number & extension  6. Business telephone number & extension esirable because of health or other reasons,					
SMERGENCY	1. Name (Last - First - Middle)  3. Home address (Number, Street, City, S  5. Business address (Number, Street, City  7. In case of emergency, other close relaplease identify the persons not to be r  CTION XXVI  YOU ARE	tate, ZIP Code)  , State, ZIP Code)—indicate name of firm or stives (spouse, mother, father) may also sotified and the reason.  CERTIFIC INFORMED THAT THE ACCURACY WILL Bustructions. I certify that the foregoin	be notified. If such notification is NOT continuous con	4. Home telephone number  6. Business telephone number & extension  estrable because of health or other reasons,  THIS APPLICATION  be best of my knowledge and belief. I agree					
SMERGENCY	1. Name (Last - First - Middle)  3. Home address (Number, Street, City, S  5. Business address (Number, Street, City  7. In case of emergency, other close relaplease identify the persons not to be r  CTION XXVI  YOU ARE  I have read and understand the inthat any misstatement or omissice.	tate, ZIP Code)  , State, ZIP Code)—indicate name of firm or stives (spouse, mother, father) may also satisfied and the reason.  CERTIFIC INFORMED THAT THE ACCURACY WILL Bustructions. I certify that the foregoing as to material fact will constitute g	employer, if applicable  be notified. If such notification is NOT c  CATION  OF ANY STATEMENT MADE IN E INVESTIGATED  g answers are true and correct to throunds for rejection of my application	4. Home telephone number  6. Business telephone number & extension  estrable because of health or other reasons,  THIS APPLICATION  be best of my knowledge and belief. I agree on or for immediate dismissal if employed.					
SMERGENCY	1. Name (Last - First - Middle)  3. Home address (Number, Street, City, S  5. Business address (Number, Street, City  7. In case of emergency, other close relaplease identify the persons not to be r  CTION XXVI  YOU ARE  I have read and understand the inthat any misstatement or omissice.	tate, ZIP Code)  , State, ZIP Code)—indicate name of firm or stives (spouse, mother, father) may also sotified and the reason.  CERTIFIC INFORMED THAT THE ACCURACY WILL Bustructions. I certify that the foregoin	employer, if applicable  be notified. If such notification is NOT c  CATION  OF ANY STATEMENT MADE IN E INVESTIGATED  g answers are true and correct to throunds for rejection of my application	4. Home telephone number  6. Business telephone number & extension  estrable because of health or other reasons,  THIS APPLICATION  be best of my knowledge and belief. I agree on or for immediate dismissal if employed.					
SMERGENCY	1. Name (Last - First - Middle)  3. Home address (Number, Street, City, S  5. Business address (Number, Street, City  7. In case of emergency, other close relaplease identify the persons not to be r  CTION XXVI  YOU ARE  I have read and understand the inthat any misstatement or omissice.	tate, ZIP Code)  , State, ZIP Code)—indicate name of firm or stives (spouse, mother, father) may also satisfied and the reason.  CERTIFIC INFORMED THAT THE ACCURACY WILL Bustructions. I certify that the foregoing as to material fact will constitute g	employer, if applicable  be notified. If such notification is NOT c  CATION  OF ANY STATEMENT MADE IN E INVESTIGATED  g answers are true and correct to throunds for rejection of my application	4. Home telephone number  6. Business telephone number & extension  estrable because of health or other reasons,  THIS APPLICATION  be best of my knowledge and belief. I agree on or for immediate dismissal if employed.					
SMERGENCY	1. Name (Last—First—Middle)  3. Home address (Number, Street, City, S  5. Business address (Number, Street, City  7. In case of emergency, other close relaplease identify the persons not to be r  CTION XXVI  YOU ARE  I have read and understand the inthat any misstatement or omissical also understand that any false.	tate, ZIP Code)  , State, ZIP Code)—indicate name of firm or stives (spouse, mother, father) may also satisfied and the reason.  CERTIFIC INFORMED THAT THE ACCURACY WILL Bustructions. I certify that the foregoing as to material fact will constitute g	be notified. If such notification is NOT continuous con	4. Home telephone number  6. Business telephone number & extension  estrable because of health or other reasons,  THIS APPLICATION  be best of my knowledge and belief. I agree on or for immediate dismissal if employed.					
SMERGENCY	1. Name (Last—First—Middle)  3. Home address (Number, Street, City, S  5. Business address (Number, Street, City  7. In case of emergency, other close relaplease identify the persons not to be r  CTION XXVI  YOU ARE  I have read and understand the inthat any misstatement or omissical also understand that any false.	tate, ZIP Code)  , State, ZIP Code)—indicate name of firm or stives (spouse, mother, father) may also satisfied and the reason.  CERTIFIC INFORMED THAT THE ACCURACY WILL Bustructions. I certify that the foregoing as to material fact will constitute g	be notified. If such notification is NOT continuous con	4. Home telephone number  6. Business telephone number & extension  estrable because of health or other reasons,  THIS APPLICATION  be best of my knowledge and belief. I agree on or for immediate dismissal if employed.					
SMERGENCY	1. Name (Last - First - Middle)  3. Home address (Number, Street, City, S  5. Business address (Number, Street, City  7. In case of emergency, other close relaplease identify the persons not to be r  CTION XXVI  YOU ARE  I have read and understand the inthat any misstatement or omissical also understand that any false.  1. Date of signatures	tate, ZIP Code)  , State, ZIP Code)—indicate name of firm or stives (spouse, mother, father) may also satisfied and the reason.  CERTIFIC INFORMED THAT THE ACCURACY WILL Bustructions. I certify that the foregoing as to material fact will constitute g	employer, if applicable  be notified. If such notification is NOT of the control of the control of the control of the counts for rejection of my applicationable by law (U.S. Code, Title 18, Sec. 2. Signature of applicant	4. Home telephone number & extension  6. Business telephone number & extension  estrable because of health or other reasons,  THIS APPLICATION  be best of my knowledge and belief. I agree on or for immediate dismissal if employed.					
<b>EMERGENCY</b>	1. Name (Last—First—Middle)  3. Home address (Number, Street, City, S  5. Business address (Number, Street, City  7. In case of emergency, other close relaplease identify the persons not to be r  CTION XXVI  YOU ARE  I have read and understand the inthat any misstatement or omissical also understand that any false.	tate, ZIP Code)  , State, ZIP Code)—indicate name of firm or stives (spouse, mother, father) may also satisfied and the reason.  CERTIFIC INFORMED THAT THE ACCURACY WILL Bustructions. I certify that the foregoing as to material fact will constitute g	be notified. If such notification is NOT continuous con	4. Home telephone number & extension  6. Business telephone number & extension  estrable because of health or other reasons,  THIS APPLICATION  be best of my knowledge and belief. I agree on or for immediate dismissal if employed.					
SMERGENCY	1. Name (Last - First - Middle)  3. Home address (Number, Street, City, S  5. Business address (Number, Street, City  7. In case of emergency, other close relaplease identify the persons not to be r  CTION XXVI  YOU ARE  I have read and understand the inthat any misstatement or omissical also understand that any false.  1. Date of signatures	tate, ZIP Code)  , State, ZIP Code)—indicate name of firm or stives (spouse, mother, father) may also satisfied and the reason.  CERTIFIC INFORMED THAT THE ACCURACY WILL Bustructions. I certify that the foregoing as to material fact will constitute g	employer, if applicable  be notified. If such notification is NOT of the control of the control of the control of the counts for rejection of my applicationable by law (U.S. Code, Title 18, Sec. 2. Signature of applicant	4. Home telephone number & extension  6. Business telephone number & extension  estrable because of health or other reasons,  THIS APPLICATION  be best of my knowledge and belief. I agree on or for immediate dismissal if employed.					

• Approved For

ase 2001/09/03 : CIA-RDP83B0082 0100150007-4 Use the following space for extra details. Reference each continued item by the section and item number to which it relates and sign your name at the end of the material. If additional space is required beyond page 16, use extra pages the same size as this page and sign each such page. (Signature) Approved For Release 2004/09/08 ം രിക-RDP83 200823R000100159007-4

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 Approved Fo				(Signature)	, , , , , , , , , , , , , , , , , , ,

Approved For Release 2001/09/03 : CIA-RDP83B00823R000100150007-4

Type or print carefully—use black ink

# PERSONAL HISTORY SUMMARY

(For office use only)								(For office use only)				
ant	1.	1. Full name (Last – First – Middle)					2. Date of birth		3. Place of birth			
Applicant	4.	4. Other names used (Including maiden name) (Last—First—Middle)				5. Citizenship (If naturalized, indicate date & place of naturalization & certificate no.)						
ıtus	6.	6. Name of spouse (Last – First – Middle – Maiden)					7. Date of birth		8. Place of birth (spouse)			
Marital Status	9.	9. Date & place of marriage					10. Citizenship of spouse (If naturalized, indicate date & place of naturalization & certificate no.)					
Mar	11.	11. Former spouse(s) — full name(s)					12. If divorced, date & place of divorce					
	13.	3. Complete following for high school; trade, commercial & specialized schools (Excl				:lude military training); colleges & universities:						
		es attended (From		Name & address of				<del>                                      </del>		Major subject		
Education												
		· · · · · · · · · · · · · · · · · · ·				with most re	vith most recent or current position:					
+	Dat	es employed (Fron	n — To —)	Name & address of	employer	Employ		yer's complete business address				
Employment												
	15.	5. Record last three places of residence or places of residence for past two years—begin with most recent or current address:										
Residences	Dat	ates resided (From — To —)  Complete address (Number, Street, City, State)										
ary	16. Military service organization (Army, Navy, etc.— specify)  17. Serial number				18. Rank, grade or rate		r rate	19. Dates of service (From — To —)				
Military	(2)	20. Military service organization (Army, Navy, etc.— specify)  21. Serial number					22. Rank, grade or rate 23. Dates of s		23. Dates of se	rvice (From — To —)		
	24. Father's full name (Last — First — Middle)					25. Date of birth 26. Place of birth (Father)						
	27. Father's current address (Number, Street, City, State)				28. Father's citizenship (If naturalized, date & place of naturalization & certificate No.)							
ıts												
Parents	29.	29. Mother's full name (Last — First — Middle — Maiden)				30. Date of birth 31. Place of birth (Mother)						
	32.	32. Mother's current address (Number, Street, City, State)				33. Mother's citizenship (If naturalized, date & place of naturalization & certificate No.)						